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adapted and since the trend of the times is to specialize, this is a great advantage to them and to the public.

Among a large acquaintance, I know no *good* nurse who does not appreciate to its full value the three years' course and who would not consider a return to the old system a retrogression.

Just a word of appreciation for the body of able women who have borne (and are still bearing) the brunt of this, as well as all, the great advance movements.

It seems in this warfare for the highest and best in our profession that no fort is ever taken but that there is constant battle ever after to keep it. There is a great army of nurses who cannot "Blaze New Trails" but can follow closely those who do.

Even those among us who are almost Oslerized, have hearts that are fresh and full of enthusiasm and welcome with open arms all changes in our own school and our profession that are along the lines of progression.

J. C. B., R.N.

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#### TIME TO SPEAK

"In Mrs. Kinney's letter in the February JOURNAL she has thrown down the gauntlet to the nurses who feel so strongly that the present status of army nurses is intolerable."

"Has not the time arrived for those women who know whereof they speak to express themselves? Is it entirely the question of ranking with the common soldier, which certainly is distasteful enough, or some equally important reason?"—AMERICAN JOURNAL OF NURSING, March, 1907.

A certain doctor, in a recent address to his colleagues, made some remarks which so admirably apply to the attitude of nurses who are or have been members of the Army Nurse Corps that I venture to quote him. He says:

"There is need to arouse our professional conscience," as well as "to inform our professional intelligence with regard to this subject."

\* \* \* "In the present confused situation the danger is not from open and avowed enemies, but from ignorance and treason in our own ranks"—I should like also to add incidentally one more source of peril, *i.e.*, "our friends!"

It is indeed time to have done with covert sneers—with feints at parry and thrust—stabbing in the back,—and to come out into the open. It is just, neither to the Army Nurse Corps nor to the nurses at large

who may be possible applicants, that the assaults should be vague and hazy, or that these should be answered by generalities. Let those "who feel so strongly" (always assuming there must be such) come out and state exactly in what particulars they, personally and individually, have found "the present status of army nurses to be intolerable." Let those who have "been ranked with the common soldier" state over their signatures *how, when, where* and by whom this was done. We do not wish to hear from "soreheads" who have been discharged for cause, or who have been refused reappointment because their previous service was unsatisfactory (and there are numbers of both classes). But let some of the many who have had long service and been discharged at their own request be heard from. Then and only then will it be possible for those "who know" to offer some explanation which will be satisfactory, lucid, and fair to all. Let the decks be cleared for action. Not as Superintendent of the Army Nurse Corps, but as a nurse who has worked in army hospitals—one "who knows"—I am willing and glad to fire the first shot. I deny that there are *any* conditions in our corps to which the term *intolerable* can justly be applied. I deny that army nurses are "ranked with the common soldier." There will always be some nurses who will choose their associates (and even their life partners) from among the enlisted men. "One swallow does not make a summer"—nor yet "a drink." I positively assert that the only time our nurses are so classed is when they *rank themselves* with the "common soldier." It may not be out of place to add just here, if none but well-bred, well-educated, dignified and self-respecting women had been allowed to graduate from nurse training-schools, the Army Nurse Corps would not include among its members any who had not all these essential qualifications. I also know that the nurse corps has no monopoly of the perplexities arising from the fact that all trained nurses do not possess all these attributes.

The recent difficulty in filling the corps has not been entirely attributable to "lack of applicants." The requirements for members, laid down by the Surgeon General, has had a good deal to do with the paucity in the numbers of acceptable ones. During the fiscal year ending June 30, 1906, there were 346 applications for admission, from which 36 appointments were made. Of these 6 had had previous service (see Report Surgeon General, 1906). Regulations require that no nurse shall be eligible who is under a certain age; nor who is under a certain height; who has had a laparotomy; whose feet are not normal; whose teeth are not in good order; who has any inherited tendency to disease; whose thorax shows "flattening" or "insufficient mobility;" the imperfections of whose eyesight are not correctible; whose hearing is

defective; whose general physical condition is such that her powers of endurance or resistance may properly be questioned; and her professional qualifications are not less carefully scrutinized. No graduate from a hospital of less than fifty beds is acceptable; nor one from a private sanitarium, nor from hospitals for the insane, unless her course has been supplemented by at least six months in some large general hospital. She must be recommended by the superintendent of the school from which she graduated. The hospital records must show that her deportment, health and work were satisfactory during training. If trained under a former superintendent of nurses, her indorsement is also required. And finally a nurse must agree to serve at least three years—"Aye, *there's* the rub!" It is this which has been found to be the greatest stumbling-block in the path of would-be army nurses. Parents will not give consent, and naturally enough, daughters hesitate to go without it. Some find the conditions of their lives such that they cannot go for so long a time: a mother's frail health; a father's loneliness; or little children's needs prevent many. It is really a small proportion of the people in the world who are really foot-free to come and go as they please.

It appears that the nurse corps is no more seriously handicapped than are the great training-schools, which feel they must shorten their course because of the difficulty of getting suitable applicants, who will give the time to the longer course.

The following data furnish a significant commentary on the "intolerable" conditions said to exist in the nurse corps. If the charge be true, then must these faithful ones be martyrs or fools. The records of the Surgeon General's Office prove conclusively that they are far from being either. "By their fruits ye shall know them."

There are at present in the nurse corps:

|  |   |   |   |   |   |   |              |   |         |
|--|---|---|---|---|---|---|--------------|---|---------|
| 5 nurses who have served 8 years (3 continuously, 2 interrupted service) |   |   |   |   |   |   |              |   |         |
| 8  | " | " | " | " | 7 | " | (3           | " | 5 " " ) |
| 3  | " | " | " | " | 6 | " | (1           | " | 2 " " ) |
| 5  | " | " | " | " | 5 | " | (3           | " | 2 " " ) |
| 2  | " | " | " | " | 4 | " | continuously |   |         |
| 3  | " | " | " | " | 3 | " | "            |   |         |

From the above it will be seen that 21 per cent. of the nurse corps has been practically a stable body for more than seven years; 5 per cent. more has been stable for about four years. These figures do not show the many, now out, who have had long and happy service, and it is no stretching of the truth to say that of these there are hundreds.

The corps at the present writing is full; there is a sufficient waiting list, and the usual number of applicants for admission.

DITA H. KINNEY,  
Superintendent, Army Nurse Corps.

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MY DEAR EDITOR: It is difficult to understand how Mrs. Kinney could write as she did in the February number of THE AMERICAN JOURNAL OF NURSING. Of course, it is easy to understand why, in her present position, it would be impossible for her to give utterance to different sentiments, but it certainly seems that in a matter of such vital importance to her profession silence on her part would be the better policy.

The letter, at first glance, appears quite logical and, to those unacquainted with real conditions, fair, just and quite in keeping with the proper state of affairs in the nurse corps. It, however, contains a few inconsistencies and misleading features that, in justice to our cause, should be made clear and the writer is asking for a few lines of space in which to make at least an attempt at pointing them out. The writer has no burning desire to "rush into print," and, having received a telegram from the Surgeon General offering her reappointment less than a year after her resignation, she cannot be classed with the alleged disappointed ones referred to in Mrs. Kinney's letter, but this is a subject on which every right minded nurse possessing an "articulate voice" should make herself heard.

In the first place, every soldier knows that no one *under contract* in the army is taken into account as in any way influencing the ranking of *enlisted soldiers*—in which latter class the nurse now is. In fact, the lowliest private in the army considers that he takes precedence over a "contract," hence that argument is counted out. It was *that* state of affairs regarding a "contract" that gave zest to our effort to have the nurse corps established in the first place. We, who have been in their place, know what contracts are and where placed in the army, if any one knows. The same argument applies to dental surgeons and veterinary surgeons, if indeed they must be considered before the nurse!

As to the stress laid upon the matter of rank in the army, few nurses have any interest in the subject for any personal pride they might have in profiting by "promotion with rank." It is the *principle* for the recognition of which we are striving. Why should not a nurse who proves her superior ability by being able to hold the position of chief nurse of a hospital or head nurse of a ward have that ability recognized just as the same ability to command and direct is recognized in the other army

corps? Why should not the nurse corps be organized on the same lines as any other corps in the army? It is the establishment of a difference between *enlisted nurses* and *other enlisted soldiers* that we resent.

Why may not the superintendent of a general hospital or the head nurse of a ward be recognized as on equal social footing with the wife of a captain or of a lieutenant?

From Mrs. Kinney's sentence at the close of her paragraph about the "great gulf" one would suppose that there was a choice of associates permitted the nurse from *either* side of the gulf, but not from *both* sides. This is misleading. The writer has it from the lips of an officer's wife that they, the officers' wives, have no association whatever with the women of the nurse corps—not any more than they have with the wives of privates. This is the social side that we resent. No class of people recognize and understand the "great gulf" between officers and others better than nurses, who are brought up to it from their first days as probationers to their graduating day, the difference of a few hours in seniority sometimes fixing a "gulf" quite as wide as would be fixed by the difference of a year; but we cannot see why officers of the nurse corps may not associate with other officers or with their wives—nor can we see why there should be no "officers of the nurse corps." There is the matter in a nut shell.

Not that nurses are caring so much for such association, because most nurses in the army are too busy to think much about whether they may or may not have it; but when they are brought up to face the fact that they *may not* they resent it and want the principle of right in the matter recognized. The argument about rank in Australia is answered by Canada's recent act.

That is a pretty plea about many "truly loving country" and "caring more for what they give than what they receive," but it contrasts badly with the advantages of the service held out by Mrs. Kinney. What really patriotic nurse enlists for a "trip around the world" or to have "easy patients to care for"?

EVANSTON, ILL.

V. P.

[We are of the opinion that this writer has touched a vitally important point in the situation.—Ed.]

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DEAR EDITOR: Permit me to accept your challenge and to testify to that which I know and have seen. I would urge upon all other nurses, particularly those "who feel so strongly that the present status of army nurses is intolerable" to speak out. Now is the accepted time to make

known the cause of their dissatisfaction, or else forever after hold their peace.

As one who has had four years of continuous service the writer feels that she is one of those who may be said to "know whereof she speaks." To say members of the Army Nurse Corps are considered as "ranking with the common soldier" or that any conditions (the status of the nurses or anything else) are "intolerable" is certainly untrue. That some things might be bettered no one denies, but to make such sweeping statements as are above quoted is a manifest injustice to the nurse corps as a body, the individuals who compose it, and most of all to those graduate nurses all over the country who know of the nurse corps only what they read in the magazines.

I was a member of the Army Nurse Corps from April 22, 1902, until July 5, 1906, and was discharged at my own request. Not for one instant during that time was I ever classed with the enlisted men. On the contrary, I received every courtesy and consideration from the Commanding General down through all grades of other line and staff officers. If there are nurses who have been treated otherwise I say without hesitation the cause lay with themselves, and the fault was their own.

After an absence of eight months, part of the time spent in a civil hospital, I am only waiting a vacancy to be reappointed to the dear old nurse corps of the United States Army.—"With all thy faults I love thee still."

KEOTA, IOWA.

MARIE RIORDAN

DEAR EDITOR: In your editorial in the March issue of the JOURNAL you state that the status of the army nurse is intolerable.

I have been a member of the Army Nurse Corps for five years and fail to see how such a term could be applied to the position of the army nurse. Apparently a large number of nurses now in the corps are of the same opinion, as there are many who have been in the service from three to eight years. Why do they remain if what you state be true?

They are excellent nurses and women who have had a wide professional experience. It is not reasonable to suppose that they are so disinterested as to remain for years in the corps to their own disadvantage.

Many leave at the expiration of three years, go home for a rest, and to see their people, and return, after a few months of civil life.

To my mind, your statement is hardly consistent with the above facts.

DORA E. THOMPSON, R.N.,  
Chief Nurse, United States Army.

Presidio of San Francisco.

DEAR EDITOR: In an editorial on the Army Nurse Corps in the March JOURNAL you say, for three years the JOURNAL has tried to find out why nurses decline to enter the Army Nurse Corps, and ask if it is not time for those who know whereof they speak to express themselves.

I have done private nursing, institutional work, and, with the exception of six months, have been in the Army Nurse Corps since 1900. So I think I may be numbered among those "who know whereof they speak." I cannot understand why nurses decline to enter the service. That army nursing has its disadvantages, none of us deny, but to my mind the disadvantages encountered in private nursing and in institutional work are far greater. In Mrs. Kinney's letter to the JOURNAL in February she says: "From those who have had a long and happy experience in its ranks"—the Army Nurse Corps—"but little is heard. It is the soreheads who rush into print." May not this have much to do with nurses declining to enter the service? If so, I think it is time for those who have had a long and happy experience to express themselves—hence this letter.

MARTHA E. PRINGLE,  
(Chief Nurse) United States General Hospital,  
Ft. Bayard, N. M.

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### THE CATHETERIZATION OF MALE PATIENTS

DEAR EDITOR: I noticed in the last edition of the JOURNAL OF NURSING, that the question of male catheterization is still before us. When I went into training, like many another young woman, I knew nothing of the care of male patients. The first few days of my probation were not spent in caring for patients, but one of the first things I was asked to do for a patient was to give a young man a bedpan. Imagine my embarrassment, and the patient was as uncomfortable as I, knowing how unpleasant it was for me. Gradually I became accustomed to caring for male patients, but it was always hard to do some of the things that a nurse is called upon to do, during her training. I agree with "R. C." that nurses should have a more thorough knowledge of the human body in both male and female, but I do not think in a hospital where there are internes and male nurses that a female nurse should catheterize a male patient, especially the class of young men and boys one is apt to meet in the wards and who cannot understand why a nurse is a nurse and what it means. It is true there are some nurses from whom the act of catheterizing a male would detract nothing—she would still be the same dignified, discreet, womanly nurse, but there are some